

AUG 24 2005

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 741124-63
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> [37 CFR 1.8(a)]  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop A/E, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 571-273-8300, on August 24, 2005.  Signature: <u><i>Kathleen M. McManus</i></u> Name: <u>Kathleen M. McManus</u>	<b>In re Application of</b> <b>Dieter BUSCH</b>  <b>Application Number:</b> 09/729,422 <b>Filed:</b> December 5, 2000 <b>For:</b> ERGONOMIC, INTERFERENCE SIGNAL-REDUCING POSITION MEASUREMENT PROBE FOR MUTUAL ALIGNMENT OF BODIES  <b>Group Art Unit:</b> 2859 <b>Examiner:</b> T.M. Reis	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and appropriate entity fee are as follows (check time period desired):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)		\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)		\$225.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)		\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)		\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)		\$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status.		
<input type="checkbox"/> A check to cover the fee is enclosed.		08/25/2005 HTECKLU1 00000042 192380 09729422
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		01 FC:2252     225.00 DA
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380(741124-63)</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record.		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) : _____		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>		
<u><i>David S. Safran</i></u> Signature		<u>August 24, 2005</u> Date
<u>David S. Safran</u> Typed or printed name		<u>703-827-8094</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of _____ forms are submitted.		

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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